



Mental Health and Disability Services Redesign 2011

Brain Injury Workgroup Minutes

Meeting #4

October 11, 2011, 10:00 am to 3:15 pm

United Way of Central Iowa

1111 Ninth Street

Des Moines, IA 50314

MINUTES

Attendance

Workgroup members: Megan Hartwig/Chair, Mark Block, Tom Brown, Katrina Carter, Julie Fidler Dixon, Michael Hall, Lisa Langlitz, Geoffrey Lauer, Lisa Langlitz, Rep. Linda Miller, LeAnn Moskowitz, Ben Woodworth

Absent: Jack Hackett, Dave Johnson, Rhonda Jordal

Facilitator: Teresa Hay McMahon

Staff: Lonnie Cleland, Joanna Schroeder

Other Attendees:

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| • Jess Benson | Legislative Services Agency |
| • Kelly Espeland | IME |
| • Sandy Ferguson | Harmony House |
| • Tracy Keninger | Easter Seals |
| • Susan Osby | Polk County Health Services |
| • Jenny Schulte | Advocacy Strategies |
| • Brad Trow | House Republican Staff |

Agenda

Agenda Topics:

INTRODUCTIONS

The Chair welcomed the group. Workgroup members introduced themselves.

REGIONAL WORKGROUP UPDATE

Joanna Schroeder from the Iowa Department of Human Services provided an update on the MHDS Regional Workgroup. The Regional Workgroup has been tasked with

structure of the regional system. The following criteria are being discussed for the regions:

- 200,000 to 750,000 population per region
- Minimum of three counties in each region
- Locations of psychiatric medical institutes for children and major hospitals are being taken into consideration

Additional points of discussion

- Crisis stabilization as a core service
- Shortage of psychologists and social workers across the state
- Counties offer services not paid for by Medicaid
- Transition from pediatric to adult services
- Jail diversion and crisis stabilization (hopefully these will create cost savings in the system)
- Consensus on core services, outcomes and performance measures

Information of rest of redesign process

- Proposed Regional framework is expected to be complete within the next month
- Will be seeking community input so groups can reach consensus after regularly scheduled meetings have completed
- Legislation is anticipated in January
- Current recommendations need not be specific beyond concepts - additional details will be phased in with the project and programs

REPORT FORMAT

The facilitator provided the group with a potential format for draft recommendations

- Methodology
- Guiding Principles
- Best Practices including source
- Recommendations that are prioritized and identify short-term vs. long-term implementation

REVIEW BEST PRACTICES AND RECOMMENDATIONS

Each of the small sub groups (Population Identification, Services, Linkages and Policy) discussed their recommendations. The full workgroup identified additional recommendations and best practices and then ranked all recommendations for the four sub groups. The rankings were mapped on an Impact/Difficulty Matrix. Each recommendation was first given a score on a 1 to 10 scale for impact with 10 being the highest impact. The second ranking was for difficulty with 10 being the most difficult to implement. The current availability of each recommendation was identified.

Population Identification (handout is available on the MHDS Redesign website)

Recommendation	Category	Impact/ Difficulty Score	Availability <i>C=Currently available N=New Service E=Current service needs expansion</i>
Pre-screening of individuals for Brain Injury Waiver to determine eligibility for BI Waiver based on diagnosis of BI and multi-occurring disorders prior to placing on waiting list.	Identify	Impact=10 Difficulty=1	N
Referral to immediately available services at time of application to Medicaid services (i.e. Neuro Resource Facilitation).	Identify	Impact=9 Difficulty=3	N
Formalized Iowa Brain Injury Resource Network (IBIRN) network in each region to create a more robust, region specific system to facilitate communication, education, resource sharing, etc.	Awareness	Impact=9 Difficulty=3	N & E 140 IBIRN sites are active throughout the state. Regional hubs are not currently available.
Adequate funding for IBIRN information kits (tote bags).	Awareness	Impact=6 Difficulty=3	C & E Tote bags are currently funded. Additional region specific resources and infrastructure need to be developed with additional funding.
Develop an online, up-to-date Brain Injury specific resource system.	Awareness	Impact=7 Difficulty=7	N
Develop functional, regional brain injury teams.	Awareness	Impact=10 Difficulty=6	N Brain Injury Resource Teams are currently in the Area Education Agency system. Regional stakeholder groups are not currently available.
Implement a standardized screening tool identified in collaboration with the Governor's Advisory Council on Brain Injuries (ACBI) to be implemented at all access points to include, but not limited to: all agencies as required by 225C.23, domestic violence shelters, mental health centers, substance abuse treatment centers, emergency rooms, homeless shelters, senior centers, schools, correctional facilities and faith based organizations providing human services.	Screening	Impact=10 Difficulty=2	C & E 225C.23 is current law. Expansion includes identifying a standardized tool and implementing additional identified access points.
A standardized and sensitive tool to assess cognitive, psychosocial and functional abilities and needs to be used to determine eligibility for entry and re-evaluation for state brain injury services.	Follow up	Impact=10 Difficulty=6	C & E

Follow up via phone for individuals receiving IBIRN materials at specified time frame after discharge from acute setting with referral to appropriate supports if needed and/or wanted (i.e., peer mentor, support group, services, etc.).	Follow up	Impact=10 Difficulty=10	N
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Services (handout is available on the MHDS Redesign website)

Recommendation	Category	Impact/ Difficulty Score	Availability <i>C=Currently available N=New Service E=Current service needs expansion</i>
Develop in-state Acute Neurobehavioral Inpatient Treatment.	Treatment	Impact=10 Difficulty=10	N
Intensive neurobehavioral/neurorehabilitation services in both residential and home environments.	Treatment	Impact=10 Difficulty=7	N
Access to ongoing cognitive remediation available throughout a person's lifespan.	Treatment	Impact=10 Difficulty=10	N
Increase availability of post acute inpatient neurorehabilitation skilled nursing facility level and create an inpatient neurorehabilitation non-nursing facility level of care.	Treatment	Impact=9 Difficulty=9	C & E, N Iowa currently has post acute inpatient SNF level-this needs expansion. Non-NF level of care is a new service.
Development of specialized brain injury case management services provided for individuals with diagnosis and need from an independent provider.	Support	Impact=8 Difficulty=8	C & E Case management is provided through the waiver. Needs to be expansion.
Mandated specialized brain injury training and consultation for direct service providers across the service array; to include but not limited to human service, healthcare, rehabilitation, correctional and judicial agencies.	Support	Impact=8 Difficulty=8	N
Access to flexible and reliable transportation services for rehabilitative and medically necessary care and community integration.	Support	Impact=9 Difficulty=9	N
Eliminate the Brain Injury Waiver waiting list by fully funding the Brain Injury Waiver.	Support	Impact=10 Difficulty=6	C & E Iowa currently has a Brain Injury Waiver with limited number of slots.
Increased funding to build additional capacity for Neuro Resource Facilitation.	Support	Impact=9 Difficulty=7	E Iowa currently has NRF-additional funding is needed to fully support service

Current best practices in Iowa services recommended continuing:

- Specialty Acute Brain Injury Rehabilitation
- Outpatient Occupational Therapy, Physical Therapy and Speech Language Pathology services.

Linkages

Recommendation	Category	Impact/ Difficulty Score	Availability <i>C=Currently available N=New Service E=Current service needs expansion</i>
Decrease time for Brain Injury Registry Letter to be sent.	Access	Impact=8 Difficulty=2	C & E Letter currently goes out quarterly.
Add phone follow up to individuals receiving Brain Injury Registry Letter.	Access	Impact=9 Difficulty=9	N
Dedicated and responsive funding for Brain Injury Service Program.	Access	Impact=6 Difficulty=6	C & E Current funding needs to be expanded to be stable and appropriate for services being delivered.
Develop Interagency TBI group.	Access	Impact=9 Difficulty=3	N
Develop specific Brain Injury Jail diversion program.	Access	Impact=10 Difficulty=6	N
Develop specific regional Brain Injury Crisis Intervention program.	Access	Impact=10 Difficulty=6	N
Develop accessible tele-health services.	Coordination	Impact=10 Difficulty=3	N
Elevate Governor's Advisory Council on Brain Injuries to Commission status.	Coordination	Impact=5 Difficulty=5	C & E Expansion of current ACBI role.
System to engage survivors in on-going education, peer support, mentoring and advocacy opportunities.	Coordination	Impact=6 Difficulty=4	N

Policy

The policy group provided two handouts (handouts are available on the MHDS Redesign website):

- Criteria for Aligning Policy and Funding
- Olmstead Checklist

The policy group will bring policy recommendation ideas back to the workgroup at the next meeting.

PUBLIC COMMENT

Thank You!

NEXT STEPS

- Provide Megan with Best Practice Citations by Thursday, October 20th.
- All workgroup members to consider the following questions for drafting final recommendations:
 1. Does the service array **support preferred outcomes** for individuals, families and the system?
 2. How does the current service array **align with best practice**?
 3. Are there **gaps** in Iowa's core service array for people with Brain Injury? Their families?
 4. How can they be addressed?
 - Short-term**
 - Long-term**
 5. Are there services the workgroup recommends **phasing down or out**?
 6. Are there new services that need to be **added** or current service options that the workgroup recommends **expanding**?
 7. Given scarce resources, which services, either currently in place or recommended to be in place, should be **prioritized** for implementation?

COORDINATION WITH OTHER WORKGROUPS

The efforts of this workgroup will have overlay with other workgroups as details of the redesign unfold.

MEETING SUMMARY

All handouts from the meeting will be posted on the DHS MHDS website.

<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

NEXT MEETINGS

10/25/11—Polk County River Place—Finalize best practices recommendations.

11/7/11— Tentative meeting date; place to be determined.